

March 25, 2021

Dear Senator Pinsky and Members of the Education, Health and Environmental Affairs Committee,

Margo Candelaria, Ph.D., Research Assistant Professor and the University of Maryland School of Social Work (UMB SSW), Institute for Innovation and Implementation (The Institute) urges the Senate Education, Health and Environmental Affairs Committee to issue **a favorable report on HB776 - State Department of Education – Infant and Early Childhood Mental Health Consultation Project – Study and Report**, sponsored by Delegate Eric Ebersole.

I am writing to share my favorable support for HB776 which will establish a full study and gap analysis of Maryland's Infant and Early Childhood Consultation Program (Consultation). Consultation is an evidence-informed intervention designed to build the capacity of early childhood professionals' ability to nurture social and emotional development in infants and young children, by working with their adult caregivers to best support social emotional development and address social emotional concerns.

Consultation has been shown to successfully: Support children's social and emotional development¹; address challenging behaviors in early learning and home environments¹; improve classroom climate and child behaviors²; and reduce preschool suspensions and expulsions.²

History of Infant and Early Childhood Mental Health Consultation in Maryland

I currently serve as the lead evaluator for Maryland's Consultation program under a contract between MSDE and the Institute at UMB SSW. The Institute has been working with MSDE since the inception of the Consultation program beginning in 2002. At that time, UMB partnered with Georgetown Center for Child and Human Development, MSDE and BHA on a pilot study of two programs in Baltimore City and Eastern Shore. Positive outcomes from that study led to securing statewide funding beginning in 2006 for an Infant and Early Childhood Mental Health Consultation Program operated through MSDE that included 12 programs covering all 24 jurisdictions. We at the Institute at UMB SSW have maintained active and ongoing collaboration with MSDE since then, increasing the evaluation capacity over the years to include quarterly reports, an annual legislative brief, and other deliverables. The Institute also offers ongoing implementation support including workforce development training and coaching in various domains. As can be seen in the most recent legislative brief³, in Maryland there are significantly improved positive classroom and child outcomes with teacher reported behaviors and classroom observations demonstrating statistically significant improved scores after receiving Consultation. **However, currently the system is only able to serve less than 600 children per year which does not fully reflect the full number of children who would benefit from services.**

Current Capacity in Maryland

¹Cohen. E. & Kaufmann, R.K. (200, Rev. Ed). Early Childhood Mental Health Consultation. DHHS Pub. Rockville MD: Center for Mental Health Services, SAMHSA

² Perry, D. F. Allen. M. O., Brennan. E., M. & Bradley. J. R (2010) The Evidence Mental Health Consultation in Early Childhood Settings: Addressing Children's Behavioral Outcomes. Early Education & Development 21(6), 79:5-824 doi:10.1060/1040928090347:5444

³Latta, L., Afkinich, J., Kane, A., Wasserman, K., & Candelaria, M. (2021). Maryland IECMHC Legislative Brief for FY2020.

Consultation have been level funded for over a decade. Although there currently is statewide coverage, it is insufficient and clearly does not reach the need of all children and early childhood program providers. As an example, there are only two consultants funded to cover all of Baltimore City. However, there are approximately 41,600 children ages 0 to 4 living in Baltimore⁴, and 19,927 child care slots in Baltimore city including home, center, and head start sites⁵. Clearly, two consultants is not nearly sufficient coverage to work with children and providers in Baltimore City. This discrepancy is similar across the state.

It is clear there are gaps in coverage, but the full picture of where gaps exist, where needs are highest, and the cost to fully cover services is not yet known. With more resources, the Maryland Consultation program would have greater capacity to intervene earlier, helping providers create more supportive environments, prevent more intense behavioral concerns, and more successfully keep children in schools. At current levels, programs often are not available for more promotion and prevention activities at the program and classroom level, and thus are typically called in when a specific child is in crisis. Although the data for the last three years in Maryland indicate only 3-5% of children who engage in Consultation are suspended or expelled from child care¹⁶⁷, this does not capture the children who are suspended or expelled before accessing Consultation services. In fact, anecdotal evidence from IECMHC providers indicates that children are often removed from or have left their child care setting while awaiting Consultation services. Currently, we do not know rates of suspension and expulsion among providers who do not have access to or engage in IECMHC.

Current Maryland Practice Standards

Despite level funding, Maryland has worked hard to offer high quality services. From 2018-2020 The Institute partnered with MSDE Division of Early Childhood and Division of Early Intervention and Special Intervention in a collaboration with the National Infant and Early Childhood Mental Health Consultation Center of Excellence to update the state Consultation standards, supporting the integration of updated national standards for the for Maryland's Consultation Program. **The Maryland Practice Standards and Recommendations were published in the Spring of 2020 and are in the process of being implemented by programs⁸. A primary goal of the standards was to more specifically delineate workforce requirements and competencies.** Although national standards recommend Consultation providers be licensed clinicians^{9,10}, Maryland's IECMHC workforce are primarily not licensed providers, with some programs engaging licensed providers. It should be noted that two programs that routinely engage licensed providers do so through use of non-MSDE funding including local early childhood funding in Montgomery County and the the use of a SAMHSA System of Care grant in Southern Maryland (Calvert,

⁴ Baltimore City Early Childhood Care & Education Landscape Analysis. April 2020

⁵ Maryland Family Network, LOCATE: Child Care, November 2019 and Baltimore City Public Schools, Pre-K Classrooms, 2019-2020.

⁶ Wasserman, K. & Candelaria, M. (2019). FY19 Maryland IECMHC Legislative Brief. [MD IECMHC Leg Brief 2019](#)

⁷ Andujar, P., Fry, J., Wasserman, K. & Candelaria, M. (2018). FY18 Maryland IECMHC Legislative brief. . <https://create.piktochart.com/output/35764480-md-iecmhc-project-1-25-2019>

⁸ Sweeney Wasserman, K., Candelaria, M., Hanna, T., & Guerra, J. (2020). Maryland Infant & Early Childhood Mental Health Support Services: Practice Standards and Recommendations. [MSDE IECMHSSP 2020 Standards](#)

⁹ Center of Excellence for Infant and Early Childhood Mental Health Consultation (2017). Competencies. Retrieved from: https://www.samhsa.gov/sites/default/files/programs_campaigns/IECMHC/infant-early-child-mental-health-consult-competencies.pdf.

¹⁰ Center of Excellence for Infant and Early Childhood Mental Health Consultation (2020). Consultation Competencies. Retrieved from: <http://www.iecmhc.org/documents/IECMHC-competencies.pdf>.

Charles, and St. Mary's Counties). **At the current funding level it is not possible to hire highly qualified staff and a recent survey of program directors indicated it can be difficult to find qualified providers, with employment vacancies lasting 3-12 months**¹¹. A recent analysis by our team at the Institute found that Consultation can be effective for children and classrooms regardless of licensure status, but there is a significantly greater positive impact when the provider is licensed¹². Based on these data, the standards including a tiered system that requires programs have at least one licensed provider on staff to work with non-licensed providers and to see more complicated cases as needed. In addition, the new Maryland Consultation standards require additional competencies such as engaging in routine reflective supervision – a key pillar for the practice -, use of the state's established National Pyramid Model training and coaching practices, and having deep knowledge and understanding of equity. The Institute at UMB SSW is working with MSDE to engage in these workforce development efforts.

Overall, Infant and Early Childhood Mental Health Consultation is an important beneficial program with demonstrated outcomes in Maryland to retain children within early education settings and reduce suspension and expulsion, which we know has significantly detrimental outcomes for not only that child, but the family at large. However, at current funding levels the program is insufficiently serving young children in the state and has limited capacity to secure a highly qualified workforce. For these reasons, The University of Maryland School of Social Work, Institute for Innovation and Implementation **urges a favorable committee report on HB776, and expresses appreciation for your attention to this matter.** Thank you for your time and consideration.

Sincerely,

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11 Fry, J., Fehringer, A., Wasserman, K., & Candelaria, M. (2019). Maryland IECMHC Quarterly Report 2019-2020 Q1. [Maryland IECMHC Quarterly Report July to September 2020](#)

12 Candelaria, M., Afkinich, J., Sweeney Wasserman, K., Endy, K., & Hanna, T. (2021). Early Childhood Mental Health Consultation Outcomes by Consultants' Licensure Status
Manuscript draft January 2021. [MSDE IECMHC Licensure Outcomes draft Jan 2021](#)